

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2611AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2009
NAME OF PROVIDER OR SUPPLIER RIVER FLOW MANOR 1		STREET ADDRESS, CITY, STATE, ZIP CODE 327 RIVER FLOW DRIVE RENO, NV 89523		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation initiated on 6/30/09 and completed during the annual State Licensure survey conducted in your facility on 7/14/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review on 7/14/09, the facility failed to ensure that 1 of 2 caregivers received	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Based on record review on 7/14/09, the facility failed to ensure 2 of 2 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #1 and #2) for the protection of all residents.</p> <p>Severity: 2 Scope: 3</p>	Y 103			
Y 105 SS=F	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on record review on 7/14/09, the facility failed to ensure 1 of 2 caregivers met background check requirements (Employee #1).</p> <p>Severity: 2 Scope: 3</p>	Y 105			

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Y 250 SS=F	<p>449.217(1) Kitchens-Equipment works; Clean and Sanitary</p> <p>NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 7/14/09, the food preparation areas were not clean allowing for the sanitary preparation of food (excessive food debris and grease on counters, inside cupboards, microwave and toaster oven).</p> <p>Severity: 2 Scope: 3</p>	Y 250			
Y 434 SS=E	<p>449.229(3) Emergency Drills</p> <p>NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.</p> <p>This Regulation is not met as evidenced by: Based on record review on 7/14/09, the facility did not ensure that monthly evacuation drills were</p>	Y 434			

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Y 434	Continued From page 5 conducted on an irregular schedule for the past 1 of 12 months (June of 2009). Severity: 2 Scope: 1	Y 434			
Y 444 SS=E	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review on 7/14/09, the facility did not ensure smoke detectors were tested 1 out of the past 12 months (June of 2009). Severity: 2 Scope: 1	Y 444			
Y 451 SS=F	449.231(2)(a)-(f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to	Y 451			

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